

Contract Number(s)

Notice to Terminate a MET Educational Benefits Contract

Issued under Public Act 316 of 1986.

Use this notice when attending a Michigan independent or out-of-state institution under Full, Limited and Community College contract (or Michigan public institution if you have a Community College contract) OR to receive a refund. Submit this notice to MET by July 15 before the Academic Year in which the Beneficiary (student), wishes to terminate the Contract. **Allow 4-6 weeks for processing.**

*Beneficiary Name (Student)	Beneficiary's Social Security Number
Street Address	Daytime Telephone ()
City, State, ZIP Code	E-mail Address
Name of Institution Beneficiary Will Attend	Semester and Year Refund will First be Effective (i.e. Fall 2005) (required info. under <u>all</u> options)

The Beneficiary requests termination of the above referenced contract for the following reason:

- _____ a. Beneficiary will attend a Michigan Independent, Degree-granting College or University. **Attach: 1) Acceptance letter and 2) W-9 form for refund designee (regardless of where you direct refund).**
To whom should refund be paid?
 _____ College (Weighted Average tuition)
 _____ Refund Designee (Lowest tuition to Person in Item 16 of Contract Signature Page) _____ Initial to Confirm

- _____ b. Beneficiary will attend an Out-of-State Institution of Higher Education. **Attach: 1) Acceptance letter and 2) W-9 form for refund designee (regardless of where you direct refund).**
To whom should refund be paid?
 _____ College (Average tuition for Full Benefits and Lowest tuition for Limited Benefits)
 _____ Refund Designee (Lowest tuition to Person in Item 16 of Contract Signature Page) _____ Initial to Confirm

- _____ c. Beneficiary has received a full tuition scholarship, is enrolled in a United States Military Academy or has GI Benefits. **Attach: 1) Verification of scholarship that states terms (what costs will be covered per term/semester as well as number of terms/semesters covered or terms of renewal), and 2) W-9 form for refund designee.**

- _____ d. Beneficiary does not plan to attend a Higher Education Institution. Complete the affidavit on the reverse side of this form stating that you, the Beneficiary, do not plan to attend a Higher Education Institution. The affidavit must be notarized. **Attach: W-9 form for refund designee (Person in Item 16 of Contract Signature Page).**

- _____ e. Beneficiary is Disabled or has died. **Attach: 1) a sworn or attested statement of the Beneficiary's Disability.** If the Beneficiary has died, the person with legal authority to act on behalf of the Beneficiary should submit a certificate of death and sign the form below in place of the Beneficiary's signature, and **2) W-9 form for refund designee (regardless of where you direct refund).**

- _____ f. Beneficiary has a Full or Limited Benefits contract and has or will attend a Community College and intends to terminate the Contract for a refund payable to the Community College. **Attach W-9 form for refund designee.**

- _____ g. Military. **Attach: 1) Copy of enlistment contract and 2) W-9 form for refund designee.**

- _____ h. Beneficiary has a Community College contract and will attend a Michigan public 4-year institution. **Attach: 1) Acceptance letter and 2) W-9 form for refund designee (regardless of where you direct refund).**
To whom should refund be paid?
 _____ College (Weighted Average tuition)
 _____ Refund Designee (Lowest tuition to Person in Item 16 of Contract Signature Page)

If you are unsure of the appropriate reason for termination, call MET at (800)-638-4543.

*Signature of Beneficiary (Student)	Date
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***Beneficiary must be at least 18 years of age or have a high school diploma. If you are not 18 years of age, attach a copy of your high school diploma.**

MAIL TO: Michigan Education Trust, P.O. Box 30198, Lansing, MI 48909 or Fax: (517) 373-6967.

Michigan Education Trust Affidavit

Use this Affidavit **only** when not attending a higher education institution as defined in the contract.

_____, being first duly sworn, states:
Signature of Beneficiary (Student)

1. I am at least 18 years of age or have a high school diploma.
(Attach: copy of high school diploma if not 18.)
2. I am the Beneficiary of Michigan Education Trust (MET) Contract
Number _____.
3. This affidavit is submitted to MET in order to comply with the
requirements of my "Notice to Terminate a MET Contract"
form dated _____.
4. I do not plan to attend a higher education institution as defined in the
MET contract.

Signature of Beneficiary (Student)

Date

State of _____

County of _____

On this _____ day of _____, _____, before me, a Notary Public in and for the County
and State above, personally appeared _____ who after being duly
sworn, represented and acknowledged execution of this instrument.

Notary Public

_____ County

My Commission Expires:

Notary Seal or Stamp Required